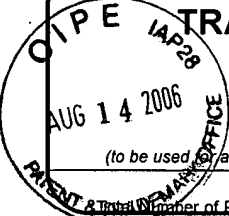
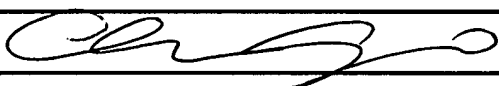
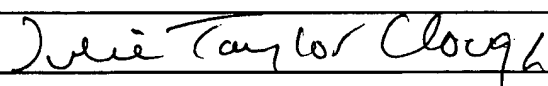


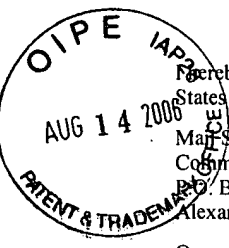
IFW

 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	11/044,992
	Filing Date	January 26, 2005
	First Named Inventor	Staubli, Ursula
	Art Unit	1614
	Examiner Name	
	Attorney Docket Number	016662-006910US
Total Number of Pages in This Submission		5+2 refs

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Chuan Gao		
Date	8/9/06	Reg. No.	54,111

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Julie Taylor Clough	Date
		Aug-10, 2006



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PATENT
Attorney Docket No.: 016662-006910US
Client Reference No.: UC 2004-180-1

On August 10, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: Julie Taylor Closser

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ursula Staubli et al.

Application No.: 11/044,992

Filed: January 26, 2005

For: ENHANCEMENT OF AMPAKINE-
INDUCED FACILITATION OF
SYNAPTIC RESPONSES BY
CHOLINESTERASE INHIBITORS

Confirmation No.:

Examiner:

Art Unit: 1614

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER
37 CFR §1.97 and §1.98

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A&08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 37 CFR §1.98(a)(2)] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

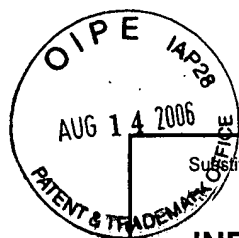
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Chuan Gao
Reg. No. 54,111

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
CG:jtc
60839702 v1



INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	11/044,992
				Filing Date	January 26, 2005
				First Named Inventor	Staubli, Ursula
				Art Unit	1614
Sheet	1	of	2	Examiner Name	
				Attorney Docket Number	016662-006910US

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
	AA	US-				
	AB	US-				
	AC	US-				
	AD	US-				
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	AF	US-				
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	AM	US-				
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	AO	US-				
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	AR	US-				

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AS	WO	2005/013961	A1	02-17-2005	Eli Lilly and Company		<input type="checkbox"/>
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	AV							<input type="checkbox"/>
	AW							<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS
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Examiner Signature		Date Considered	
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Substitute for form 1449A&B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				<i>Application Number</i>	11/044,992
				<i>Filing Date</i>	January 26, 2005
				<i>First Named Inventor</i>	Staubli, Ursula
				<i>Art Unit</i>	1614
				<i>Examiner Name</i>	
Sheet	2	of	2	<i>Attorney Docket Number</i>	016662-006910US

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	BA	BARTUS, R.T., et al.; "Profound effects of combining choline and piracetam on memory enhancement and cholinergic function in aged rats;" 1981; <u>Neurobiology of Aging</u> ; Vol. 2; pp. 105-111.	<input type="checkbox"/>
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	BI		<input type="checkbox"/>
	BJ		<input type="checkbox"/>

Examiner Signature		Date Considered	
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